## **DECLARATION** AND POWER OF ATTORNEY U.S.A.

FOR ATTORNEYS DOCKET NO.	9	JAN	2006
P70311USØ.	~	+	

ALL PATE FOR APPL NON PRIOF 3. INCLUDING DESIGN

As a below named inventor, I declare that my residence, post office address and cifizenship are stated below next to my name, the information given herein is true, that I believe tha first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached he matter which is claimed and for which patent is sought on the invention entitled:	I am the original, eto) of the subject

Streaming of real-ti	me data televi	ision programmi			2100
which is described and claimed in:	: X PCT International Applic	pation No. PCT/IE 02	/00080	filed J	une 14, 2002
the attached specification	the specification in appl	lication Serial No.		filed	· · · · · · · · · · · · · · · · · · ·
	(if applicable) and an	nended on	•		
I hereby state that I have reviewed and under I acknowledge the duty to disclose information I hereby claim foreign priority benefits under foreign application for patent or Inventor's car	in which is material to patentable. Title 35, United States Code, §	ility as defined in Title 37, Code 119 (a)-(d) of any foreign applic	of Federal Regulations	. §1.56. ventor's certificate listed bel	ow and have also identified below
Finor Foreign Application(s)			•	P F	ntority Claimed
(Number)	(Country)	<u>.</u>	(Day/Month/Year File	i) Y	
(Number)	(Country)		(Day/Month/Year Filed	<u>, , , , , , , , , , , , , , , , , , , </u>	es No
(Number)	(Country)		(Day/Month/Year Filed	, <u> </u>	es No .
I hereby daim the benefit under Title 35. Unit	ted States Code,§119(e) of any	United States provisional applic	ation(s) listed below:		•
Application No.	Filing Date		plication No.		ling Date
I hereby claim the benefit under Title 35, Units disclosed in the prior United States application patentability as defined in Title 37, Code of Fe application:	in in the manner provided by the	e first paragraph of Title 35, Uni hisecame avaliable between the	ed States Code, §112,	I acknowledge the duty to d application and the national	isclose information which is materi or PCT infernational filing date of
(Application Serial No.) VER OF ATTORNEY: As a named inver		(Filing Date)	<del></del>	(Status: patented, pen	
TERN (20,640); ALLEN S. MELSER (27,2 109); YOON S. HAM (45,307) and NATH SEND CORRESPONDENCE TO:	IANIEL A HUMPHRIES (2	2,1(2)	DIRECT TE	EPHONE CALLS TO:	
PROFESSIO	COBSON HOLMA	COMPANY	1 2 2 3	JACOBSON DESSIONAL LIMITED	HOLMAN
PROFESSIO 400		COMPANY V.	1 2 2 3	JACOBSON	
PROFESSIO 400 W. entor(s) name must include at least one u	NAL LIMITED LIABILITY 0 SEVENTH STREET, N.W ASHINGTON, D.C. 20004	COMPANY	1 2 2 3	JACOBSON DFESSIONAL LIMITED	HOLMAN LIABILITY COMPANY
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PROFESSIO 400 W. entor(s) name must include at least one of the post of the po	SS l, Gardiner St oad, Raheny nof my own knowledge are at statements may jeopardiz	GIVEN NAME Patrick STATE OR FOREIGN Ireland CITY Dublin GIVEN NAME Niall STATE OR FOREIGN OF Ireland CITY Dublin GIVEN NAME Fergus STATE OR FOREIGN OF Ireland CITY Dublin GIVEN NAME Fergus STATE OR FOREIGN OF Ireland CITY Dublin Irule and that all statements at the validity of the application of	COUNTRY  COUNTRY  COUNTRY  COUNTRY  made on information shable by fine or imition or any patent is:	JACOBSON DESSIONAL LIMITED  MIDDLE NAM COUNTRY OF Ireland  STATE OR COUNTRY OF Ireland  STATE OR COUNTRY OF Ireland  And belief are believed or string thereon.	HOLMAN LIABILITY COMPANY  TE  F CITIZENSHIP  CITIZENSHIP  CITIZENSHIP  CITIZENSHIP  CITIZENSHIP  TO DE  TO DE TUE; and further that the er section 1001 of Title 18 of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship to be true; and further that the control of the citizenship the citizenship that the citiz
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Additional inventors are named on separately numbered sheets attached hereto.

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## JACOBSON HOLMAN PLLC ADDITIONAL INVENTORS

Inventor(s) name must include at least one unabbreviated first or middle name.

Γ	FULL NAME * OF INVENTOR	FAMILY NAME FEE	GIVEN NAME Lawrence	MIDDLE NAME	
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L	POST OFFICE C	BORTOFFICE ADDRESS 3 Templeroan Close,	Wblin 1	STATE OR COUNTRY ZIP CODE Ireland	
Γ	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
205	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE	
	FULL NAME *	FAMILY NAME:	GIVEN NAME	MIDDLE NAME	
208	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE	
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
207	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE	
•	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
208	RESIDENCE & .CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY.	STATE OR COUNTRY ZIP CODE	
	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
209	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY ZIP CODE	
·	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
210	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	СПУ	STATE OR COUNTRY ZIP CODE	
	. FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME	
Ę	CITIZENSHIP	CITY		COUNTRY OF CITIZENSHIP	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	City	STATE OR COUNTRY ZIP CODE	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Cooks and that such willful false statements may reopardize the validity of the application or any patent issuing thereon.

		nonly of the application of any patern issuing thereon.
SIGNATURE OF INVENTOR/204" LAWFEW	E FA SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206 *
Lica 1 to	<b>JK</b>	
DATE 19 FEBRUARY DOOF	DATE	DATE
SIGNATURE OF INVENTOR 207 .	SIGNATURE OF INVENTOR 208 *	SIGNATURE OF INVENTOR 209.*
DATE	DATE	DATE
SIGNATURE OF INVENTOR 210 *	SIGNATURE OF INVENTOR 211 *	
DATE	DATE	

O Additional Inventors are named on separately numbered sheets attached hereto.

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